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Understanding WINASAP2003 for Professional Claims Processing (CMS 1500)

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Welcome to the WebEx training session for Understanding WINASAP2003 for Professional Claims Processing CMS 1500. The following pre-requisites are required.

You must:

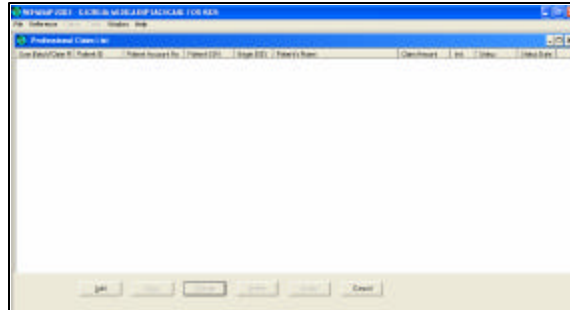
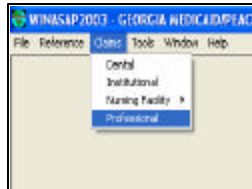
- Be a Georgia Medicaid Provider with a TPID number.
- Be an authorized Georgia billing agent with a TPID number.
- Have taken Understanding WINASAP2003 General Overview Training.

Learning Objectives

- ☐ Professional claim type CMS-1500
- ☐ Sending a batch or single claim file
- ☐ Generating reports



Professional Claim Type: CMS-1500 Claims Entry



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To begin processing a professional claim in WINASAP:

1. Select **Professional** from the **Claims menu**.
2. Click **Add** on the **Professional Claim List** screen.

Professional Claim Type: CMS-1500 Claims Entry (continued)

There are 4 tabs on the Professional Claim Data portlet:

- **Claim Data**
- **Claim Codes**
- **Claim Information**
- **Claim Line Item**

Begin entering claim data by completing the fields on the **Claim Data** tab

1. Enter the date the claim is billed to the payer in the **Bill Date*** field by doing one of the following:
 - a) Press **F5**, and the system will pre-fill the date field with the current system date.
 - b) Use the **Calendar** function by doing the following:
 - Click the **Calendar** button.
 - Locate the desired date
 - Double-click on the date, this will enter the date and close the calendar window.
2. Enter your four-digit batch number in the **User batch #** field.
3. Enter your nine-digit claim number, in the **User Claim Number** field.
4. Enable the **Encounter Claim** checkbox, if appropriate.

NOTE:

- *“*” denotes a required field.*
 - *Select **Original** from the **Claim Frequency Type Code** drop-down selections in the **Claim Data**.*
5. In the **Patient Information** portlet, select the appropriate patient from the drop-down list.
 - Locate and double-click on the patient’s name.
 - Once you have selected the appropriate patient name; the **DOB**, **Gender**, and

Professional Claim Type: CMS-1500 Claims Entry (continued)

The screenshot displays a web-based form for entering CMS-1500 claims. It is divided into two main sections: 'Provider Information' and 'Claim Data'. The 'Provider Information' section includes fields for Billing Provider ID, Pay-to Provider ID, Rendering Provider ID, Signature on File (Yes/No), Taxonomy Code, Referring Provider ID 1, Referring Provider ID 2, Supervising Provider ID, and Purchased Service Provider ID. The 'Claim Data' section includes fields for Diagnosis Code 1 (Principal Diagnosis), Other Diagnosis Codes (2-5), Place of Service, Claim Frequency, and Type Code. At the bottom right of the form are buttons for 'Next Page', 'Save', and 'Cancel'.

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Continue entering information on the **Claim Data** tab:

6. In the Provider Information portlet, complete the following fields:

- **Billing Provider ID** *
- **Pay-To Provider ID** *
- **Signature on File***
- **Rendering Provider ID**

7. In the Claim Data portlet, complete the following fields:

- **Principal Diagnosis**
- **Other Diagnosis Codes 7**
- **Place of Service***

NOTE:

- “*” denotes a required field.
- Select **Original** from the Claim **Frequency Type Code** menu selections.

8. Click **Claim Codes** tab or **Next Page** button.

Professional Claim Type: CMS-1500 Claims Entry (continued)

The screenshot shows the 'Professional Claim Data' form with the 'Claim Codes' tab selected. The form contains several drop-down menus for 'Medicare Assignment Code', 'Release of Information Code', 'Patient Signature Source Code', 'Special Program Indicator Code', 'Delay Reason Code', and 'Claim Filing Indicator'. Below these are 'Claim Indicators' for 'Participation Agreement Indicator', 'Homebound Indicator', and 'Assignment of Benefits Indicator', each with a checkbox and a label. To the right, the 'Claims Amounts' section includes 'Total Purchased Service Amount' and 'Patient Amount Paid' input fields. The form is titled 'Professional Claim Data' and has tabs for 'Claim Data', 'Claim Codes', 'Claim Information', and 'Claim Line Items'.

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Continue entering claim information by completing the fields on the **Claim Codes** tab.

In the Claim Codes portlet, complete the following required fields by selecting the appropriate option from drop-down menu selections:

- **Medicare Assignment Code*** Select “Not Assigned”
- **Release of Information Code***
- **Patient Signature Source Code***
- **Claim Filing Indicator*** Select “Medicaid”

NOTE: “*” denotes a required field.

Professional Claim Type: CMS-1500 Claims Entry (continued)

The screenshot shows a web-based form titled "Claim Numbers". It contains the following fields:

- Manisogram Certification Number: [text input]
- Medical Record Number: [text input]
- CUA Number 1: [text input]
- CUA Number 2: [text input]
- CUA Number 3: [text input]
- Prior Auth/Referral Qualifier 1: [dropdown menu]
- Prior Auth/Referral Number 1: [text input]
- Prior Auth/Referral Qualifier 2: [dropdown menu]
- Prior Auth/Referral Number 2: [text input]
- Other Claim Level Numbers: [text input]

At the bottom of the form are four buttons: "Next Page", "Previous Page", "Save", and "Cancel".



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Continue entering claim information by completing the fields on the **Claim Codes** tab.

4. In the Claim Numbers portlet, complete the following fields:
 - **Prior Auth/Referral Qualifier 1 and 2** - Select either "Referral Number" or "Prior Authorization Number".
 - **Prior Auth/Referral Number 1 and 2** – Enter the corresponding referral number or prior authorization number.

NOTE: *If you have Source number or GBHC Referral number you must select the "Referral Number" menu option.*

5. Click **Claim Information** tab or **Next Page**.

Professional Claim Type: CMS-1500 Claims Entry (continued)

The screenshot displays a software window titled "Professional Claim Data" with a blue header bar. Below the header, there are tabs: "Claim Data", "Claim Codes", "Claim History", and "Claim Line Items". The "Claim Information" tab is active. Inside this tab, there is a section titled "Additional Claim-Level Information" which contains two columns of buttons. The left column includes buttons for "Professional Info", "Contract Info", "Spinal Manipulation Info", "EPSDT Info", "Service Facility Info", and "Other Supplemental Info". The right column includes buttons for "Supplemental Info", "Ambulance Transport Info", "Vision Info", "Home Health Info", "Claim Note", and "Related Claims Info". Below these columns is a "File Info" button. At the bottom of the window, there are four buttons: "Next Page", "Previous Page", "Save", and "Cancel".

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Continue entering claim information by completing the applicable fields on the **Claim Information** tab.

1. Click **Claim Information** tab.
2. To enter contract, spinal manipulation, EPSDT, service facility, supplemental, ambulance transport, vision, home health, claim note or file information, click the corresponding button to access additional fields.

NOTE: *If you are a Health Check provider, you are required to complete EPSDT Info screen.*

3. Click **Claim Line Items** tab or **Next Page**.

Professional Claim Type: CMS-1500 Claims Entry (continued)

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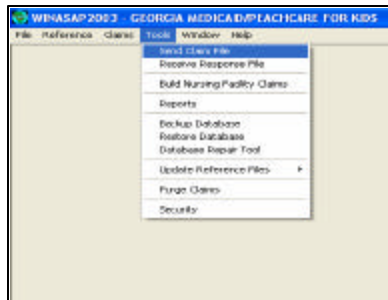


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Continue entering claim information by completing the fields on the **Claim Line Items** tab.

1. Complete the fields in the **Claim Line Items** portlet. Be aware of the following special field considerations:
 - **Date of Service** and **Back Billing Date** is the same date.
 - **Service Qual** is a required field if you are using HCPCS codes.
 - **Proc Code** is a required field.
 - **Diagnosis Code** is required if a diagnosis code was selected on the **Claim Data** tab.
 - **Charges** and **Place of Service** are required fields.
2. To add a line item do the following:
 - Click **Add Line Item**.
 - Enter the appropriate data into the grid.
 - Repeat the previous two steps until all line item information has been entered.
3. To edit line item information, click the corresponding button to access applicable fields.
4. Click **Save** to complete the claim entry.

Sending a Batch or Single Claim File



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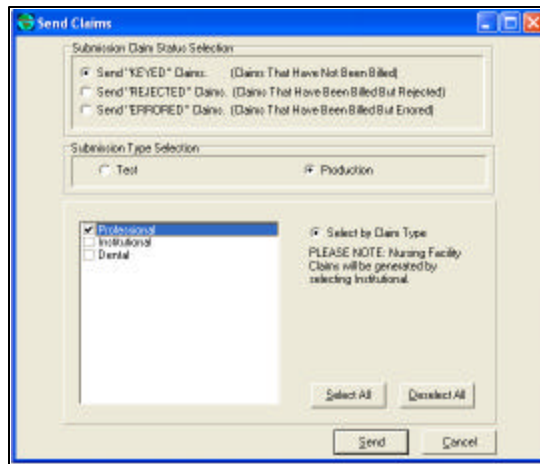
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To begin the transmit a batch claim file process, select **Send Claim File** from the **Tools** menu.

NOTES:

- *All claim files transmitted by 2:00 pm on Friday are guaranteed for EFT payment processing during the current billing cycle. Files are electronically transmitted by batch. Individual claim files are not automatically transmitted when saved. Files transmitted after 2:00 p.m. on Friday will not be processed for EFT payment until the billing cycle.*
- *If the you are is using DSL, you must disconnect the DSL and use the modem to transmit.*

Sending a Batch or Single Claim File (continued)



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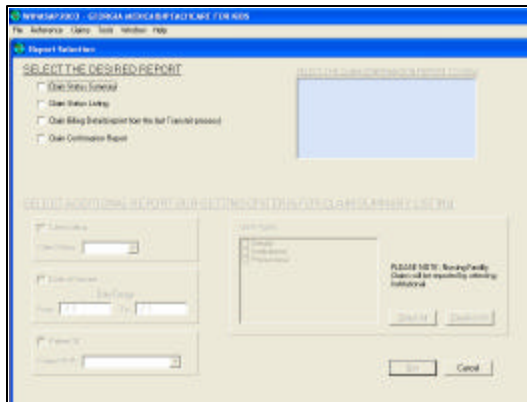


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1. Enable the appropriate **Claim Status**.
2. Enable the appropriate **Submission Type**.
3. Enable the appropriate **Claim Type**.
4. Click **Send**.

Generating Reports



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To generate a WINASAP report complete the following steps:

1. Select **Reports** from the **Tools** menu.
2. Enable the type of report from the choices in **Select The Desired Report** portlet.
3. Select all applicable reporting criteria from the choices in the **Select Additional Report Sub-Setting Criteria for Claim Summary Listing** portlet.
4. Click **Run** to generate the report.

Conclusion

You should be able to:

- ☐ Understand the WINASAP2003 menu bar.
- ☐ Complete a claim entry.
- ☐ Understand the professional claim type windows.
- ☐ Send a batch or single claim file.
- ☐ Generate reports.



Where To Go When You Need Help

Who to Contact	Urgency	Complexity	How	Response Time
Call Center	Immediate	Web Portal and EDI inquire	800-987-6715	80% of all calls answered within 30 seconds
Contact Us E-mail	Urgent	General inquiries, claims review/explanation, forms request	Contact Us link on the GHP Web Portal	100% of e-mails answered in 72 hours
Field Services	Long-Term Assistance	Training – online or onsite, billing/claims issues impacting 25 or more claims, provider enrollment inquiries, A/R recoupment – balance inquiries	866-317-6024 Contact Us link on the GHP Web Portal	Five (5) business days
Self Service	Immediate	Claims status, exception code descriptions, member eligibility, prior authorization submission and status, generate referrals and check status, procedure code look-up	www.ghp.ga.gov	Less than one second
Call Center	Immediate	Payment errors, billing instructions, claim explanations, provider enrollment instructions and status	800-766-4456	80% of all calls answered within 30 seconds

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The GHP Web Portal's **Contact Us** feature has been enhanced to allow greater access to your ACS Provider Field Representatives. A new field representative option has been added to the **Inquiry Category** drop-down menu selections. This option allows you to choose the appropriate field representative for your territory.

Your field representative will respond to your inquiry within (5) business days. Most importantly, your field representative is best suited to handle more complex or time-intensive research inquiries. Such as, a large number of denials, a need for onsite training of new practice employees or refreshers for existing office staff. Your field representative can also assist with training for specific categories of service.

ACS is committed to constantly improving service and communication with the Georgia Medicaid provider community.